May 03, 1999 8:00 am Secretary of State

05-03-1999 90015 038 ***150.00

A REPRESENTATION OF THE PROPERTY OF THE PROPER

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600006691

1. Corporation Name

COLLEGE PARK/SCC, INC.

Principal Place of Business Mailing Address					(1981) 111 11	•••••••••••••••••	4 (4(4) (19) (00)
10065 HEALTH SERVICES. INC OWINGS MILL MD 21117 US		10065 RED RUN BLVD OWINGS MILLS MD 21117 US		DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 12/20/1996		
2 Principal Pi	lace of Business	2a, Mailing Address			4. FEI Number	I A	pplied For
2. Principal Place of Business		26			58-2114426 Not A		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional
22	•	27			5. Certifcate of Status Desired	Fee R	lequired
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		□ N-
24	25	29 3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent	81	Name	10. Name and Address of New Regist	ered Agent	
СТ	CORPORATION SYSTEM		01	Name			
1200 SOUTH PINE ISLAND ROAD			82	Street	Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83	<u> </u>			
						· · · · · · · · · · · · · · · · · · ·	
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	-named	corporation submits this statement for the purpor	se of changing its	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti itions of, Section 607,0505. Florid	horized by la Statutes	the corpo	oration's board of directors. I hereby accept the	appointment as re	egistered
SIGNATURE		,					•
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	tegistered Agen	t signature r		TE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT⊕ Change	
TITLE	P POPERT II	DELETE	1.1 TITLE		P Taylor-Ackett	Change	Modulon
NAME I	ELKINS, ROBERT N		1.2 NAME		lead to the second		
STREET ADDRESS	10065 RED RUN BLVD		1.3 STREET			7	
CITY-ST-ZIP	OWINGS MILLS MD 21117	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		avings mills, mp our	Change	Addition
TITLE	DEMNETT DRADIEV	Deterio	2.2 NAME		Robert Stephenson		7_1
NAME	Bennett, Bradley 10065 Red Run Blvd		2.3 STREET		10065 Red Run Blvd		
STREET ADDRESS	OWINGS MILLS MD 21117		2.4 CITY-S		Owings mills, mb alli	7	
CITY-ST-ZIP TITLE	VP	☐ DELETE	3.1 TITLE	1-21	S/D	Change	Addition
NAME	FULCHINO, MARK		3.2 NAME		mark B. Levin	,	
STREET ADDRESS	10065 RED RUN BLVD		3.3 STREET				:
CITY-ST-ZIP	OWINGS MILLS MD 21117		3.4. CITY-S		Owings mills, mb all	1	
TITLE	SD SD	DELETE	4.1 TITLE		957	☐ Change	☐ Addition
NAME	BLEVEIN, MARL	•	4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP	OWINGS MILLS MD 21117		4.4 CITY-S				
TITLE	D	☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME	ELKINS, MARSHALL		5.2 NAME				
STREET ADDRESS	10065 RED RUN BLVD		5.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	OWINGS MILLS MD 21117		5.4 CITY-S	r-21Þ			- 1.122
TITLE		☐ DELETE	6.1 TTTLE	i	1	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	1		6.3 STREET	ADDRESS	1		

14. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP